## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # V56758 1. Corporation Name

MARION	N RADIOLOGY CENTER, P.A.					1 10011 #12011 #121 #121 #121 #121 #121		AN AHAN ANAH	11811 B1811 1881	
Principal Plac	ce of Business	Mailing Address				-{	HOLE FOR BUILDING			
2627 SE 14 S		-				ł				
OCALA FL 34	•	2627 SE 14 ST. OCALA FL 34471								
US		US				DO NOT WRI	TE IN THIS	SPACE		
						3. Date Incorporated or Qualifed				1
						08/06/1992	,			l
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number		Ac	plied For	1
21		26				59-3179352		_ <del>  `</del>	t Applicable	1
Suite Apt	#, etc	Suite, Apt. #, etc.						\$8.75		1.
22		27				5. Certificate of Status Desired		Fee Re		1
City & Sta	ite	City & State		•		6. Election Campaign Financing		\$5.00	May Bo	1
23		28				Trust Fund Contribution		Added		l
Zip	Country	Zip	Cour	itry		8. This corporation owes the curre	ent vear Inta			1
24	25	29	30	•		Personal Property Tax.	on your ma	Yes	( <b>X</b> No	l
1	9. Name and Address of Current		1001			10. Name and Address of New R	Registered A			1
	1000100			81 Nam	е					1
KAT	「ANICK, JANET 17 SE:14-STADA (1984) P.A.		L							-
262	7 SE 14 ST			82 Stree	t Addres	ss (P.O. Box Number is Not Accepta	ible)			l
OC/	ALA FL 34471		F	83			E E Billio	115113	dan araw av.	ł
	\$		1					用利益額		
				B4 City			FL	85 Zip (	Code	1
			- 1	,						1
14 Diminos	t f to the provisions of Sections 507.0502	and 607 1509. Elected Statut	taa tha ah		d sornor	ration automita this statement for the		honeine ite	ragistarad	
11. Pursuant	t to the provisions of Sections 607.0502 registered agent, or both, in the State o	and 607.1508, Florida Statut f Florida: Such change was a	tes, the ab		d corpor	ration submits this statement for the is board of directors. I hereby accep		hanging its tment as re	registered gistered	
11. Pursuant office or agent. I a	t to the provisions of Sections 607.0502 registered agent, or both, in the State o am familiar with, and accept the obligation	and 607.1508, Florida Statut f Florida: Such change was a ons of, Section 607.0505, Flo	tes, the ab authorized orida Statu		d corpor poration	ration submits this statement for the o's board of directors, I hereby accep		hanging its tment as re	registered gistered	
11. Pursuant office of agent. I a				ove-name by the cor tes.			purpose of out the appoin	hanging its tment as re	registered gistered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	E: Registered A	ove-name by the cor tes.		when reinstating)	purpose of control the appoint		·	
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE ) DIRECTORS	E: Registered A	ove-name by the cor tes.		when reinstating)	purpose of control the appoint	D DIRECTO	RS IN 12	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

**FILED** 

Jan 27, 1999 8:00am

**Secretary of State** 

01-27-1999 90058 029 \*\*\*150.00

1/11/49 352 -622·5528
Daytime Phone #